

TN NHSN User Call

Monday, June 20th, 10am CT

Call Agenda

- COVID-19 Update
 - Magdalena Dorvil-Joanem, MD, MPH
- NHSN Update
 - Vicky Reed, AAS, RN, CIC
- HCP Influenza Vaccination Trends
 - Ashley Gambrell, MPH
- ARLN Web Portal
 - Erin Hitchingham, MPH
- C. auris Update
 - Erin Hitchingham, MPH
- AU Module
 - Youssoufou Ouedraogo, MPH



TDH NHSN Team

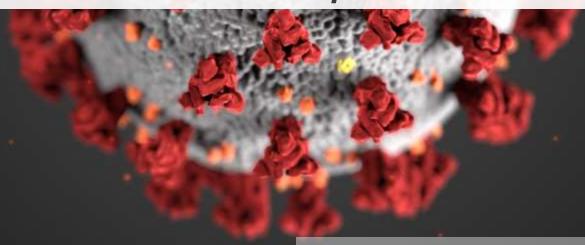
- Dr. Simone Godwin, DVM, MPH, MS
 - Senior NHSN Epidemiologist
 - Drug Diversion Team Epidemiologist
- Vicky Reed, AAS, RN, CIC
 - Senior NHSN Public Health Nurse Consultant
 - Lead Technological Assistance
 - Infection Prevention and Control Specialist
- Tara Suhs, MPH
 - Assistant NHSN Epidemiologist
 - MRSA Initiative Lead
- Ashley Gambrell, MPH
 - Assistant NHSN Epidemiologist





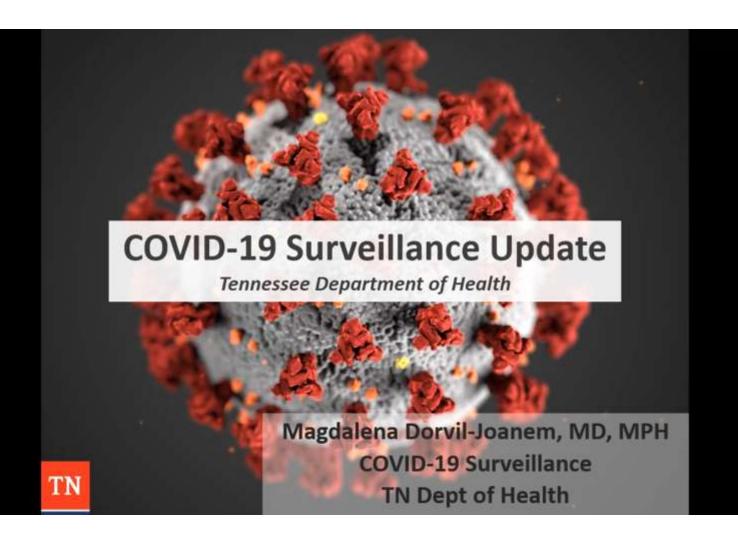
COVID-19 Update

from the Tennessee Department of Health



TN

Tennessee Department of Health





NHSN Updates

Line Lists Now Available for COVID-19 Module

- Update on the analysis reports for COVID-19 Vaccination Modules in the Dialysis and Healthcare Personnel Safety Components.
 - Facilities were notified on May 27th that Weekly COVID-19
 Vaccination Summary line lists and bar charts were unavailable in the application. Line lists are now available.
- The bar charts will remain disabled until the next NHSN release in July. If you attempt to run the bar chart reports, they will generate an empty report containing no data.
- The issue related to modifying existing vaccination records in the Healthcare Personnel Safety Component is now resolved.
 NHSN users can resume modifying data for previous weeks.



NHSN Surveillance Definition of Up-to-Date

- NHSN's surveillance definition of Up to Date with COVID-19 vaccines is based on CDC's clinical considerations and up-to-date definition for the first day of the reporting quarter.
- CDC recently updated the definition of Up to Date for certain individuals, so the NHSN surveillance definition will change for Quarter 3, 2022, which begins during the reporting week of June 27, 2022 – July 3, 2022.
- Please note that this definition change applies to the COVID-19 Vaccination Modules in the Healthcare Personnel Safety, Dialysis, and Long-term Care Facility Components.



NHSN Surveillance Definition of Up-to-Date

- Please join NHSN webinar on Thursday, June 23rd from 2:00
 3:00 PM Eastern Time.
 - We will review the new Up to Date definition, example scenarios, and frequently asked questions.
- Registration information:
 - When: Jun 23, 2022
 - Time: 02:00 PM Eastern Time (US and Canada)
 - Topic: Up to Date Vaccination Status: Surveillance Definition Change for COVID-19 Vaccination Modules

Register in advance for this webinar:

https://cdc.zoomgov.com/webinar/register/WN_37CqiJsiSGCOnlreh6l6Rw



Dialysis-CMS QIP Deadline

- Outpatient hemodialysis facilities participating in the Centers for Medicare and Medicaid Services (CMS) End-Stage Renal Disease (ESRD) Quality Incentive Program (QIP) must submit their Q1 2022 Dialysis Event data to NHSN by Thursday, June 30, 2022, at 11:59 PM PT.
- This is necessary to meet reporting requirements for Payment Year 2024. Quarter one data includes dialysis events that occurred during January 1, 2022, through March 31, 2022.
- Please pay attention to the alerts that appear on the NHSN home screen and address them accordingly. Confirm that the correct CCN number has been entered for your facility.
- New or revised data entered into NHSN after June 30, 2022, at 12 midnight PT will not be reflected in the first quarter permanent data file used for the CMS QIP Final Compliance File.





HCP Influenza Vaccination Data

Ashley Gambrell, MPH

Outline

- Reporting in NHSN
- Key Terms
- Data Dashboard for Healthcare Personnel Influenza Vaccination





Reporting Healthcare Personnel Vaccinations in NHSN

Reporting Details

- Reporting of Healthcare Personnel (HCP) Influenza Vaccinations a requirement since 2014 for these inpatient facilities:
 - Acute Care Hospitals (2013)
 - Long Term Acute Care Hospitals
 - Inpatient Rehab Facilities
- Reporting through the HCP Module
- Split up by "Season"
 - Each season is defined as July 1 to June 30 (ex. 2019/2020
 Season is July 1, 2019, through June 30, 2020)
 - HCP influenza vaccination reporting period is October 1 through March 31.



Adult students/trainees and volunteers

Medical, nursing, or other health professional students, interns, medical residents, or volunteers aged 18 or older that are affiliated with the healthcare facility, but are not directly employed by it (i.e. they do not receive a paycheck from the facility), regardless of clinical responsibility or patient contact.

Contract personnel

 Persons providing care, treatment, or services at the facility through a contract, regardless of clinical responsibility or patient contact, who do not meet the definition of employees, licensed independent practitioners, or adult students/trainees and volunteers.

Employees

 Persons receiving a direct paycheck from the healthcare facility (i.e. on the facility's payroll), regardless of clinical responsibility or patient contact.

Licensed independent practitioners (LIPs)

Physicians (MD, DO), advance practice nurses, and physician assistants who are affiliated with the
healthcare facility, but are not directly employed by it (i.e. they do not receive a paycheck from the facility),
regardless of clinical responsibility or patient contact. Post-residency fellows are also included in this
category if they are not on a facility's payroll.

Healthcare personnel (HCP)

The entire population of healthcare workers working in healthcare settings. HCP might include (but are not limited to) physicians, nurses, nursing assistants, therapists, technicians, emergency medical service personnel, dental personnel, pharmacists, laboratory personnel, autopsy personnel, students/ trainees, and volunteers, contractual staff not employed by the healthcare facility (for example, clerical, dietary, housekeeping, maintenance, and volunteers), regardless of clinical responsibility or patient contact.

Contracted HCP can include the following non-employee direct care providers:

- Agency nurses
- Chaplains
- Dieticians
- Dialysis technicians
- EKG technicians
- EMG technicians
- Home health aides
- Laboratory: Phlebotomists
- Nursing aides
- · Occupational therapists
- · Patient care technicians
- Pharmacists
- Pharmacy/medication technicians
- Physical therapists
- Psychologists
- Psychology technicians/Mental health workers
- Radiology: X-ray technicians
- Recreational therapists/Music therapists
- Respiratory therapists
- Speech therapists
- Social workers/Case managers
- Surgical technicians
- Traveling nurses
- Ultrasound technicians

Contracted HCP can include the following non-employee non-direct providers:

- · Admitting staff/clerical support/registrars
- Biomedical engineers
- Central supply staff
- Construction workers
- Dietary/food service staff
- Housekeeping staff
- Information Technology staff
- Laboratory: technicians
- Landscapers
- Laundry staff
- Maintenance staff/engineers
- Pharmacists
- Pharmacy/medication technicians
- Patient transporters
- Security staff
- Utilization review nurses



Data Dashboard



ARLN Lab Web Portal C. Auris Update

Erin Hitchingham, MPH

What does the Lab Web Portal (LWP) Do?

- The LWP is a website that will allow you to
 - Submit colonization test orders to the State Lab for Antibiotic Resistance Lab Network (ARLN) organisms
 - Monitor testing progress
 - Access published records for your facility

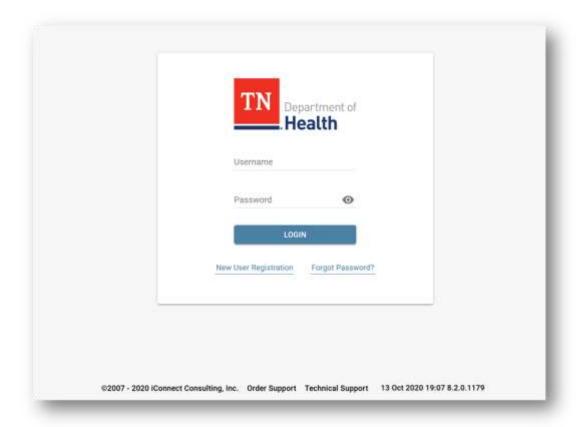


Who should create a Lab Web Portal Account?

- We are transitioning over July 1st, 2020, to LWP for all colonization screening
 - Therefore, anyone who
 - Will submit requisition forms
 - Would need access to see reports/records for your facility

How do I sign up for the Lab Web Portal

A quick start guide will be sent out in the call notes



https://lwp-web.aimsplatform.com/tn2/#/

Some Additional Features

- An excel template is available to help enter multiple test orders at once
- You can see your tracking order status for submitted specimens
- View patient information and all orders and reports for a specific patient at your facility

C. Auris recommendations

- Testing in southeast TN has identified a total of 30 screening and clinical cases, however, we recognize that cases likely exist in other regions.
- The TDH HAI/AR program recommends that all facilities:
 - Assess *C. auris* status for patients and residents upon admission by reviewing medical records and following up with the transferring facility as necessary, and
 - Consider conducting colonization screening for individuals at highest risk for *C. auris*, whose status is unknown. Those with the highest risk include:
 - Patients transferring from any LTACH,

 - Patients transferring from a SNF ventilator unit,
 Other facilities in areas with known *C. auris* transmission, and
 - Patients with a history of receiving healthcare in another country.
- TDH can arrange C. auris colonization screening through the State Public Health Lab through HAI.health@tn.gov
- TDH can share your healthcare specific historical patient sharing network



Questions? ARLN.Health@tn.gov Lab.Informatics@tn.gov



AUR Module

Next NHSN User Call

- Monday, July 18th, 2022
 - 10am CT

- NHSN Related
 - Vicky.Reed@tn.gov
 - <u>Simone.Godwin@tn.gov</u>
- Infection Prevention
 - HAI.Health@tn.gov

